Exhibit A, Attachment 2

University of Hawai'i Cancer Center
Sullivan Conference Center
Reservation Request

To secure the requested date(s) you must complete, sign and email this form to SullivanConferenceCenter@cc.hawaii.edu within 30 days of your request.

CONTACT INFORMATION

Organization: _____

Address 1: _____

Address 2: _____

City _____ State: ___ Zip Code: _____

Responsible Party: _____

Contact Name: _____

Phone: _____ Email: _____

Event Coordinator: _____

Phone: _____ Email: _____

EVENT INFORMATION

Event Name: _____

Description:

Date Requested: _____ Alternate Date: _____

Event Times: _____ Setup start time: _____

Est. Attendance: _____

Attendance Charge? ◯ YES ◯ NO

Food to be served? ◯ YES ◯ NO

Click on the button that best describes your group:

- ◯ UH Department / Program
- ◯ UH Registered Organization
- ◯ Other (describe)

Event will be open to:

- ◯ Invited/registered guests only
- ◯ Organization members
- ◯ University community
- ◯ General public

SET-UP REQUEST:

- ☐ Classroom – Approx 91 seats *(chairs behind tables)*
- ☐ Theater – Approx 170 seats *(chairs only)*
- ☐ Banquet – Approx 120 seats *(chairs around tables)*
- ☐ Other (describe)

- ☐ Podiums (cannot be moved) ◯ 1 ◯ 2
- ☐ Divide room? ◯ Yes ◯ No
- ☐ Registration table(s)
- ☐ Literature table(s)
- ☐ Other (describe)

AUDIO/VISUAL REQUESTS:

- ☐ Computer projection
- ☐ Podium microphone
- ☐ Lapel microphone
- ☐ Audience microphone
- ☐ Video/DVD playback
- ☐ Assisted listening device
- ☐ Other (describe):

Signature of Responsible Party listed above

TODAY'S DATE

Effective 01/2016